

Partnership for Kids:
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Working with Difficult & Resistant Clients
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Working with Difficult Clients

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Different Types of Adults Who Work With Kids

Prison Guard

Authoritarian

Concerned about self

Command & Control

Demands

Yells & Screams

Ultimate goal is for kids to obey and comply

Not interested in teaching

Often impatient

Shallow or absent relationships

Sees rules or “the program” as the most important thing

Sees value in kids only in how they perform

Power is everything

Buddy

Permissive

Concerned about self

Wants kids to like them

Confuses own desire to be liked with caring about kids

No boundaries

Wants to have “good relationships” with kids instead of helping them to learn

Minimal or no setting of limits

Often over-identifies with kids

Sometimes rescues or enables kids

Pleads and whines for kids “to behave”

Effective Counselor

Authoritative

Concerned about self & kids

Mostly concerned about helping kids to learn

Firm boundaries

Flexible with their time

Patient

Knows their limits, and works alongside other adults as a team

Believes that kids have strengths they can use

Empathetic

Sets limits consistently and appropriately

Works well with others

Absent Counselor

Neglectful

Concerned about self

Kids?

What

How to Speak and (Hopefully) Be Heard

Communication is more than just words:

55%	Non-verbal (body language; your attention)
38%	Verbal (voice-tone, choice of words)
7%	Words (what is actually said)

It is often not WHAT you say, but HOW you say it that decides whether or not you are heard and whether or not you will set up a power struggle.

I. Non-Verbal Communication/Body Language

- Eye Contact
- Facial expressions match your feelings
- Respond at first opportunity—share time with the youth
- Smile

II. Verbal Communication

- Make sure that you do not sound angry, especially when setting limits (with adults or kids)
- Try to maintain a cool, level, voice-tone

III. Words

- Consider how you would like to be spoken to—practice it on others
- Instead of telling the youth what to do, consider telling them what YOU are going to do (exceptions of this being situations in which physical safety is in danger)

Managing Difficult Adolescent Behaviors

- I. Managing ourselves—NONE OF THIS INFORMATION WILL WORK UNLESS IT IS USED IN CONJUNCTION WITH THE INFORMATION ON ADULT ANGER/MANAGING OURSELVES.
- II. Oppositional-Defiant Disorder (ODD): label often applied to these adolescents. What is ODD?
 - ODD = Negative, stubborn, defiant, bad attitudes more often than not for an extended period.
 - Half of these kids also have ADD.
 - 10-15% are depressed; most have a very low self-esteem.
 - 75% are substance abusers or have a strong chance of becoming substance abusers.
 - One-third to one-half of them have a Learning Disability.
 - These are often very alienated kids who have been turned off by “the system” be it school or society in general.
 - **No fear, no hope**
 - Very early on, the parents of these kids found them difficult to raise. Usually, the more they misbehave, the more they are punished.
 - Usually lots of criticism and even abuse in these families.
 - Usually dangerous parenting situations: parents are excessively controlling or excessively permissive or severely inconsistent.
 - They typically cannot admit that they are wrong and see every interaction as a win-lose situation.
 - When backed against the wall, they act out.
 - Usually do not seem to learn from experience.
- III. What you need to know and do when working with these kids:
 - Respect them. Respect is very important to these kids.
 - You need to be self-assured. This does not mean that you are tough or arrogant, so this is something that you do not advertise—it should be reflected in how you carry yourself.
 - Know something about their world and/or make them teachers.
 - Avoid put-downs, sarcasm and humiliation—this is a major form of disrespect
 - Understand that kids will make wisecracks.
 - Ignore some behaviors—do not chase everything.
 - Do not personalize cursing or any behaviors, this leads to power-struggles.
 - When you have to address behaviors, be direct and brief—focus on what is expected.
 - If problems escalate, withdraw and consider a different approach.
 - Do not embarrass them or directly challenge. This taps into their very low self-esteem. If embarrassed, they will likely strike back in order to save face before their peers. If this fails, they will often give up in their current situation and sabotage it in order to be removed. Either way, your relationship with them will be history. Instead consider using a 1:1, back-door approach.

The Crisis Cycle

Escalation ->->-> Crisis ->->-> De-escalation ->->->
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Much of what takes place in a crisis happens internally to the person in crisis. However, there are physical cues. It is important that you know the Crisis Cycle, because there are some times in which you should intercede, and other times in which you should not.

I. Escalation

What you may see:

- A. Person is obviously upset: may be crying, yelling, cursing, or moving around.
- B. Person is angry: threatening others or themselves.
- C. Person is isolated and/or non-responsive to others.

What you should do:

1. **Remain calm.**
2. If possible, try to defuse the situation by redirecting the individual or offering alternatives or setting limits.
3. If necessary, remove the youth from the source of their crisis.
4. Take time to allow them to vent their feelings.
5. Validate the youth's feelings:
 - "You really seem upset about...."
 - "We're going to work this out...."
 - "I appreciate you sharing"
 - "It's okay to feel like this."
 - "I can see why you would think or feel...."
 - "Other youth who have had this same thing happen had those same feelings."
6. **ONLY ONCE THEY ARE CALM**, try to find out what is wrong. Ask a lot of questions. People in crisis usually need (and want) to talk.

II. Crisis

What you may see:

- A. Youth becomes aggressive either toward themselves or others.

- B. Deterioration of behaviors from the escalation phase

What you should do:

1. **Remain calm, and get help.**
2. Keep those not involved in the crisis (including yourself) safe. Send other students away from the area.
3. If you are in physical danger: run with confidence and/or yell for help.
4. Your physical stance should show that the situation has your attention, but that you are not acting in a threatening way.
5. **DO NOT TRY TO VERBALLY ENGAGE THE YOUTH WHEN THEY ARE VERY ANGRY.**

III. De-escalation

What you may see:

- A. Many of the same things you saw in the first part of the wave.
- B. Guilt and/or remorse, sometimes excessive.

What you should do:

1. **Remain calm.**
2. Reassure the student that he or she is safe, and allow them to calm down.
3. Understand that they may be embarrassed or hurt, so validate those feelings, and work to reframe them. You may want to use the same process for talking with the youth that is used during the escalation phase.
4. If consequences are needed, talk about them only when the youth indicates that they are ready to talk about the consequences. If not, set a time to discuss consequences later.
5. Understand that the Crisis Cycle can re-start after the person has calmed down a little. De-escalation can quickly become escalation to a new Crisis Cycle.

IV. Things to Remember

1. Always remain calm and in control of yourself.
2. Get assistance whenever possible. Even if the other staff person doesn't actually interact with the person(s) in crisis, it's good to have someone around who is observing the situation.
3. Be patient. These things take time.
4. **COMMUNICATE** with others during and after the crisis. Let folks be aware of what happened so they can better intervene should the crisis recur.
5. If a person talks about wanting to hurt or kill themselves, follow your suicide prevention procedures IMMEDIATELY.
6. If a person says that he/she is being or has been abused in any way, contact your local Child Protective Services [CPS] or Department of Social Services [DSS] IMMEDIATELY. The CPS or DSS may not follow-up on any report you make—that is their discretion. YOUR responsibility is to make the report. Let them investigate. When in doubt, call them. It is always better to err on the side of caution. The law says that if you work with children, you are obligated to report any suspected child abuse.
7. Staff who go through a crisis with a youth often need to de-brief the incident. While your responsibilities often may prevent you from doing this right away, if you need to talk to someone, try to do it before the end of the day.

The Fit Between Staff & Kids

40%	Excellent
30%	Acceptable
20%	Marginal
10%	Poor/Harmful

4 Types of Students (& Adults):

Aggressive
Passive-Aggressive
Dependent
Depressed

What type do you most like to work with?

Which types can you generally work with?

What type is the most difficult for you to work with?

How will you manage this?

From *Life Space Crisis Intervention: Advanced Instruction in LSCI Manual*. Nicholas J. Long, Ph.D. & Frank A. Fecser, Ph.D. April 2000. The Life Space Crisis Intervention Institute, Inc.

Adult Anger: Our Responsibility

Why Do Adults Get Angry?

- Caught in the Student's Crisis
 - Youth's behaviors violate the adult's values
 - Being in a bad mood
 - Youth's behavior exposes our unfinished business
 - Not meeting professional expectations
 - Hopelessness
 - Prejudging a kid in trouble
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Strategies for Managing Conflict: Staying Calm in the Storm

- Stay Centered
- Take a deep breath
- Count to 10
- Appear calm and controlled
- Put yourself in the other person's position
- Talk about a shared or common interest
- Manage your non-verbal communication
- Accept responsibility for your contribution to the conflict

Preparing for an Angry Event

- Self-talk: "I know it will not last long"
- I will stop "you" messages and use "I" messages
- I will act as a role-model

"When I am Angry"

- I will acknowledge my anger
- I will lower the volume, tone and speed of my voice
- I will say, "I am too upset to discuss this at this time" and walk away
- If I slip up, I will apologize and use the opportunity to learn more about anger management skills